

Docket No. TAMAR-P2630

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Ronald Lesser Confirmation No.: 3406  
Patent No.: 7,801,740 Art Unit: 3626  
Filed: September 22, 1998 Examiner: Morgan, Robert W.  
For: A SOFTWARE DEVICE TO FACILITATE CREATION OF MEDICAL RECORDS, MEDICAL LETTER, & MEDICAL INFORMATION FOR BILLING PURPOSES

ATTN: Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CERTIFICATE OF CORRECTION UNDER 37 C.F.R. 1.78 FOR**  
**APPLICATION FILED BEFORE NOVEMBER 29, 2000**

Sir:

Transmitted herewith is a Request for a Certificate of Correction for the above-identified Letters Patent.

Broadly, the corrections are directed to (1) claiming benefit of Applicant's earlier provisional patent application, (2) the entry of certain claim amendments as reflected in PTO records circa August 25, 2010, and (3) certain typographical errors.

### **Certificate of EFS Transmission**

I hereby certify that this correspondence is being transmitted via EFS to: Mail Stop: RCE, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:  
J.J. Mark Holland/  
J.J. Mark Holland, Reg. No. 32,416  
December 2, 2010  
DATE

**REMARKS**

Enclosed are copies of two documents that Applicant submitted in this application which were downloaded from PRIVATE PAIR. In both of those documents, and prior to issuance of the present patent, Applicant brought to the PTO's attention the existence of Applicant's provisional patent application Serial No. 60/097,290, which was filed August 20, 1998. During the course of preparing a related continuation application and after payment of the issuance fee for this patent, Applicant's attorney realized that the specification does not claim the benefit of the prior filed '290 copending provisional application, to which the current patent is entitled under 35 U.S.C. 119(e).

The '290 provisional application named as an inventor at least one inventor named in the later filed nonprovisional application, 09/157,998, now patent no. 7,801,740 and disclosed the named inventor's invention claimed in at least one claim of the present application. In addition, Applicant believes that the prior '290 provisional application was entitled (and granted) a filing date as set forth in § 1.53(c), had the required English-language translation filed therein within the time period set forth in § 1.52(d), and had paid the basic filing fee set forth in §1.16(k) within the time period set forth in §1.53(g). Accordingly, Applicant respectfully requests the Patent Office grant the Certificate of Correction for correcting the claim of priority to Applicant's provisional application Serial No. 60/097,290 filed August 20, 1998.

Furthermore, upon review of the Patent, Applicant notes that the amendments indicated on the August 25, 2010 Response to Rule 312 Communication to Claims 7, 9, 10, 11, 19 and 22-24 were not entered. Accordingly, Applicant respectfully requests that the Patent Office review the Communication and grant a Certificate of Correction for the errors discussed below. For convenience, Applicant has enclosed a copy of the August 25, 2010 Response to Rule 312

Communication wherein the Examiner indicates that Applicant's Amendment after Allowance filed on July 12, 2010 was entered in part, and a copy of the claim amendments filed with Applicant's July 12, 2010 Amendment after Allowance. Specifically, the Communication indicates that the amendments to Claims 7, 9, 10, 11, 19 and 22-24 were entered.

Applicant respectfully requests that as set forth under MPEP 1481.03, Section II.A (Correction as to 35 U.S.C. 120 and 35 U.S.C. 119(e) benefits; For Applications Filed Before November 29, 2000), the following claim of priority under the CROSS-REFERENCE TO RELATED APPLICATION section be corrected as shown on the Certificate of Correction submitted herewith.

The correction should be as follows:

**CROSS-REFERENCE TO RELATED APPLICATION**

- Column 1, line 9, "Not Applicable" should be --This application claims priority to U.S. Provisional Application Serial No. 60/097,290, filed August 20, 1998, the content of which is incorporated herein by reference in its entirety.--

Furthermore, upon review of the Patent, the below-indicated errors were noted in the DETAILED DESCRIPTION OF THE INVENTION and CLAIMS sections. Applicant respectfully requests correction of these errors shown on the Certificate of Correction.

The corrections should be as follows:

**DETAILED DESCRIPTION OF THE INVENTION**

- Column 9, line 27, " FIGs. 1a-1j summarizes" should be --FIG. 1f summarizes--
- Column 15, line 54, "Prey" should be --Prev--

**CLAIM 7**

- Column 17, line 38, “assessment, counseling or decision” should be --assessment, counseling, and/or decision--

CLAIM 9

- Column 17, line 54, before the word “algorithm” should be --an--

CLAIM 10

- Column 17, line 56, “claim 8” should be --claim 7--
- Column 17, line 56, “codes” should be --code--
- Column 17, line 56, “are” should be --is a--
- Column 17, line 59, “codes” should be --code--

CLAIM 12

- Column 17, line 62, “claim 8, 9, 10 or 11” should be --claim 8 or claim 9--

CLAIM 19

- Column 18, line 67, the word “codes” should be deleted

CLAIM 22

- Column 19, line 13, “or” should be --and/or--
- Column 19, line 34, “or” should be --and/or--

CLAIM 23

- Column 19, line 37, “or” should be --and/or--
- Column 19, line 47, “or” should be --and/or--

CLAIM 24

- Column 20, line 3, the words “billing code” should be deleted

In case it is helpful, Applicant also includes below (starting on page 6) a set of claims indicating the foregoing corrections in redlining.

This filing is being made electronically. To the extent that any charges or credits are due and are not otherwise addressed, the Patent Office is authorized to charge or credit such amounts to the undersigned attorney's PTO Deposit Account 08-2624.

If the Examiner has any questions regarding the foregoing or would like to discuss any remaining issues, the Examiner is invited to contact the undersigned representative of Applicant at (949)-718-6750.

Respectfully submitted,

Date: December 2, 2010

/J. Mark Holland/  
J. Mark Holland  
Reg. No. 32,416  
Alison L. Vass  
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J. Mark Holland & Associates,  
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PTO Customer Number 21,259

JMH:alv

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**U.S. PATENT NO 7,801,740 CLAIMS**  
**WITH CERTIFICATE OF CORRECTION**  
**AMENDMENTS SHOWN IN REDLINING**

1. A method of calculating a billing code for a patient encounter that complies with the requirements of the United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS), including the steps of: (a) providing an electronic computer or scannable form; (b) prompting a user via said electronic computer or scannable form to collect information regarding said patient encounter, said information including at least certain information relevant to calculating said billing code; (c) collecting and recording said information regarding said patient encounter using said electronic computer or said scannable form into a data base or data table; and (d) using said electronic computer or said scannable form to electronically derive an appropriate HCFA/CMS billing code from said collected information.
2. The method of claim 1, in which said electronic computer or scannable form is provided in the form of a handheld computer with a touch screen interface, and said recording step includes entering the information in real time into said electronic computer via said touch screen interface.
3. The method of claim 1 or claim 2, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.
4. The method of claim 1, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.
5. The method of claim 1 further including storing patient counseling information and patient care information, and using said stored information for clinical care, prescriptions, counseling

materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

6. The method of claim 1, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS) requirements.

7. Apparatus for compiling medical data and generating a billing code based on said medical data and being consistent with payer mandates, comprising: electronic means for displaying items for evaluation of a patient during a patient encounter, said items being at least sufficient to support billing requirements imposed by said payer mandates; data forms for collecting and storing patient responses and/or user findings regarding history, examination, assessment, counseling, and/or decision occurring as a result of said patient encounter; means for storing and accessing said patient responses and/or said user findings; an algorithm for linking and comparing said patient responses and/or said user findings with values for billing, procedure, treatment, counseling and/or documentation requirements; and calculating means for deriving a resultant code based in part on said algorithm.

8. The apparatus of claim 7, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

9. The apparatus of claim 7, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and an algorithm for computing the percent of total time used for counseling.

10. The apparatus of claim ~~11~~<sup>7</sup>, wherein said billing code~~[[s]]~~ are ~~is a~~ Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS) code~~[[s]]~~.
11. The apparatus of claim 7, wherein said billing codes are insurance requirement codes.
12. The apparatus of claim ~~8~~<sup>11</sup> or claim 9, 10 or 11 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.
13. The apparatus of claim 7, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.
14. The apparatus of claim 7, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.
15. The apparatus of claim 7 or 8, wherein said data includes patient counseling information and patient care information.
16. The apparatus of claim 7, further including using said stored patient responses and/or user findings for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.
17. An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including: electronic means including: a prompting means for generating real-time prompts to prompt an interviewer to make a series of

inquiries for eliciting responses from the patient during a patient encounter, said series of inquiries and said responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code, said prompting means further including: a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses; a guiding means for guiding the interviewer during said interaction with the patient; a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information; the electronic means further including: a recording means for recording said responses or other related information corresponding to the series of inquiries; and a calculating means using information including said recorded responses to derive the Evaluation and Management billing code, said billing code complying with the billing requirements imposed by said payer mandates.

18. The system of claim 17, wherein the billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

19. The system of claim 17, where said billing code is based on billing requirements imposed by the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services (CMS))-eodes.

20. The system of claim 17, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the recording of information in real time.
21. The system of claim 17, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, hand writing recognition software or scannable form.
22. An apparatus for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including: prompting means for reminding the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and/or to comply with requirements for calculation of said billing code specific for said type of patient encounter; inputting means for recording said patient encounter data; data storage means for preserving said patient encounter data; calculating means for using said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and data access means wherein items preserved by said data storage means and results of said calculating means can be viewed, analyzed, and/or revised.
23. A method for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including: providing the apparatus of claim 22; said method further including at

least one of the following steps: the apparatus prompting the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, or to comply with requirements for calculation of said billing code specific for said type of patient encounter; the user inputting said patient encounter data; electronically storing said patient encounter data; calculating from said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and accessing said data and/or said results of said calculating step for viewing, communicating, analyzing, and/or revising same.

24. The method of claim 23, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services ~~billing code~~ of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

25. The method of claim 23, said step of electronically storing said patient encounter data including storing patient counseling information and patient care information.

26. The method of claim 23 or claim 25, further including using said stored patient encounter data for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

27. The apparatus of claim 22, said data access means including means for preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

28. The apparatus of claim 22, said data access means including means for facilitating use of said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, or correspondence.
29. The apparatus of claim 22, wherein said calculating means comprises a timer for tracking total time of patient encounter and total counseling time during said patient encounter, and an algorithm for comparing said total time of said patient encounter and said total counseling time during said patient encounter, and determining whether said billing code should be based upon said comparison.
30. The apparatus of claim 22, wherein said electronic means comprises a personal computer, desktop computer, laptop computer, network server, handheld computing device, portable computing device, or scannable form.
31. The apparatus of claim 22, wherein said data storage means comprises a data base or data tables.
32. The apparatus of claim 31, wherein said data base or data tables are modifiable as needed.
33. The apparatus of claim 22, further comprising an adding means, wherein said user can add free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting, or direct keyed entry.
34. The apparatus of claim 22, wherein said prompting means is customizable to accommodate needs of specific medical practices.
35. The apparatus of claim 22, wherein said prompting means is modifiable to accommodate changes in said payer mandates and clinical practice.
36. The apparatus of claim 22, wherein said prompting means is customizable to accommodate the needs of medical encounters, medical practices, or users.

37. The apparatus of claim 22, wherein said data access means is customizable according to needs of said medical encounter or of said user.

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

Page 1 of 2

PATENT NO. : 7,801,740

APPLICATION NO. 09/157,998

ISSUE DATE : September 21, 2010

INVENTOR(S) : Ronald Peter Lesser

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

**CROSS-REFERENCE TO RELATED APPLICATIONS**

Column 1, line 9, "Not applicable" should read --This application claims priority to U.S. Provisional Application Serial No. 60/097,290, filed August 20, 1998, the content of which is incorporated herein by reference in its entirety.--

**DETAILED DESCRIPTION OF THE INVENTION**

Column 9, line 27, "FIGs. 1a-1j summarizes" should be --FIG. 1f summarizes--

Column 15, line 54, "Prey" should be --Prev--

**CLAIM 7**

Column 17, line 38, "assessment, counseling or decision" should be -assessment, counseling and/or decision--

**CLAIM 9**

Column 17, line 54, before the word "algorithm" should be --an--

**CLAIM 10**

Column 17, line 56, "claim 8" should be --claim 7--

Column 17, line 56, "codes" should be --code--

Column 17, line 56, "are" should be --is a--

Column 17, line 59, "codes" should be --code--

**CLAIM 12**

Column 17, line 62, "claim 8, 9, 10 or 11" should be --claim 8 or claim 9--

**CLAIM 19**

Column 18, line 67, the word "codes" should be deleted

**CLAIM 22**

Column 19, line 13, "or" should be --and/or--

**MAILING ADDRESS OF SENDER (Please do not use customer number below):**

J. Mark Holland & Associates

3 San Joaquin Plaza, Suite 210

Newport Beach, CA 92660

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

Page 2 of 2

PATENT NO. : 7,801,740

APPLICATION NO. : 09/157,998

ISSUE DATE : September 21, 2010

INVENTOR(S) : Ronald Peter Lesser

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

CLAIM 22, cont'd

Column 19, line 34, "or" should be --and/or--

CLAIM 23

Column 19, line 37, "or" should be --and/or--

Column 19, line 47, "or" should be --and/or--

CLAIM 24

Column 20, line 3, the words "billing code" should be deleted

MAILING ADDRESS OF SENDER (Please do not use customer number below):

J. Mark Holland & Associates  
3 San Joaquin Plaza, Suite 210  
Newport Beach, CA 92660

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*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/157,998	09/22/1998	RONALD LESSER	TAMAR-P2630	3406
21259	7590	08/25/2010	EXAMINER	
J. MARK HOLLAND AND ASSOCIATES			MORGAN, ROBERT W	
3 SAN JOAQUIN PLAZA			ART UNIT	PAPER NUMBER
SUITE 210			3626	
NEWPORT BEACH, CA 92660			MAIL DATE	DELIVERY MODE
			08/25/2010	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Response to Rule 312 Communication</b>	<b>Application No.</b>	<b>Applicant(s)</b>
	09/157,998	LESSER, RONALD
	Examiner	Art Unit
	ROBERT W. MORGAN	3626

*- The MAILING DATE of this communication appears on the cover sheet with the correspondence address -*

1.  The amendment filed on 12 July 2010 under 37 CFR 1.312 has been considered, and has been:
  - a)  entered.
  - b)  entered as directed to matters of form not affecting the scope of the invention.
  - c)  disapproved because the amendment was filed after the payment of the issue fee.  
Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1) and the required fee to withdraw the application from issue.
  - d)  disapproved. See explanation below.
  - e)  entered in part. See explanation below.

The R-312 amendment filed 7/12/10 amending renumbered claims 7, 9, 10, 11, 19 and 22-24 will be entered, however newly added dependent claims 174-290 will not be entered.

Please see included Interview Summary

/Robert Morgan/  
Supervisory Patent Examiner, Art Unit 3626

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/157,998	LESSER, RONALD	
	Examiner ROBERT W. MORGAN	Art Unit 3626	

All participants (applicant, applicant's representative, PTO personnel):

(1) ROBERT W. MORGAN. (3) \_\_\_\_\_.

(2) J. Mark Holland (Reg. No. 32,416). (4) \_\_\_\_\_.

Date of Interview: 17 August 2010.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 11,110,123-128,132,134-139,145,146,152,154 and 156-173.

Identification of prior art discussed: N/A.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The Examiner agreed to enter in part the R-312 amendment to claims addressing grammatical and dependency corrections but not the additionally claims.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

	/Robert Morgan/ Supervisory Patent Examiner, Art Unit 3626
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## Summary of Record of Interview Requirements

### Manual of Patent Examining Procedure (MPEP), Section 713.04, Substance of Interview Must be Made of Record

A complete written statement as to the substance of any face-to-face, video conference, or telephone interview with regard to an application must be made of record in the application whether or not an agreement with the examiner was reached at the interview.

### Title 37 Code of Federal Regulations (CFR) § 1.133 Interviews

#### Paragraph (b)

In every instance where reconsideration is requested in view of an interview with an examiner, a complete written statement of the reasons presented at the interview as warranting favorable action must be filed by the applicant. An interview does not remove the necessity for reply to Office action as specified in §§ 1.111, 1.135. (35 U.S.C. 132)

#### 37 CFR §1.2 Business to be transacted in writing.

All business with the Patent or Trademark Office should be transacted in writing. The personal attendance of applicants or their attorneys or agents at the Patent and Trademark Office is unnecessary. The action of the Patent and Trademark Office will be based exclusively on the written record in the Office. No attention will be paid to any alleged oral promise, stipulation, or understanding in relation to which there is disagreement or doubt.

The action of the Patent and Trademark Office cannot be based exclusively on the written record in the Office if that record is itself incomplete through the failure to record the substance of interviews.

It is the responsibility of the applicant or the attorney or agent to make the substance of an interview of record in the application file, unless the examiner indicates he or she will do so. It is the examiner's responsibility to see that such a record is made and to correct material inaccuracies which bear directly on the question of patentability.

Examiners must complete an Interview Summary Form for each interview held where a matter of substance has been discussed during the interview by checking the appropriate boxes and filling in the blanks. Discussions regarding only procedural matters, directed solely to restriction requirements for which interview recordation is otherwise provided for in Section 812.01 of the Manual of Patent Examining Procedure, or pointing out typographical errors or unreadable script in Office actions or the like, are excluded from the interview recordation procedures below. Where the substance of an interview is completely recorded in an Examiners Amendment, no separate Interview Summary Record is required.

The Interview Summary Form shall be given an appropriate Paper No., placed in the right hand portion of the file, and listed on the "Contents" section of the file wrapper. In a personal interview, a duplicate of the Form is given to the applicant (or attorney or agent) at the conclusion of the interview. In the case of a telephone or video-conference interview, the copy is mailed to the applicant's correspondence address either with or prior to the next official communication. If additional correspondence from the examiner is not likely before an allowance or if other circumstances dictate, the Form should be mailed promptly after the interview rather than with the next official communication.

The Form provides for recordation of the following information:

- Application Number (Series Code and Serial Number)
- Name of applicant
- Name of examiner
- Date of interview
- Type of interview (telephonic, video-conference, or personal)
- Name of participant(s) (applicant, attorney or agent, examiner, other PTO personnel, etc.)
- An indication whether or not an exhibit was shown or a demonstration conducted
- An identification of the specific prior art discussed
- An indication whether an agreement was reached and if so, a description of the general nature of the agreement (may be by attachment of a copy of amendments or claims agreed as being allowable). Note: Agreement as to allowability is tentative and does not restrict further action by the examiner to the contrary.
- The signature of the examiner who conducted the interview (if Form is not an attachment to a signed Office action)

It is desirable that the examiner orally remind the applicant of his or her obligation to record the substance of the interview of each case. It should be noted, however, that the Interview Summary Form will not normally be considered a complete and proper recordation of the interview unless it includes, or is supplemented by the applicant or the examiner to include, all of the applicable items required below concerning the substance of the interview.

A complete and proper recordation of the substance of any interview should include at least the following applicable items:

- 1) A brief description of the nature of any exhibit shown or any demonstration conducted,
- 2) an identification of the claims discussed,
- 3) an identification of the specific prior art discussed,
- 4) an identification of the principal proposed amendments of a substantive nature discussed, unless these are already described on the Interview Summary Form completed by the Examiner,
- 5) a brief identification of the general thrust of the principal arguments presented to the examiner.  
(The identification of arguments need not be lengthy or elaborate. A verbatim or highly detailed description of the arguments is not required. The identification of the arguments is sufficient if the general nature or thrust of the principal arguments made to the examiner can be understood in the context of the application file. Of course, the applicant may desire to emphasize and fully describe those arguments which he or she feels were or might be persuasive to the examiner.)
- 6) a general indication of any other pertinent matters discussed,
- 7) if appropriate, the general results or outcome of the interview unless already described in the Interview Summary Form completed by the examiner.

Examiners are expected to carefully review the applicant's record of the substance of an interview. If the record is not complete and accurate, the examiner will give the applicant an extendable one month time period to correct the record.

### Examiner to Check for Accuracy

If the claims are allowable for other reasons of record, the examiner should send a letter setting forth the examiner's version of the statement attributed to him or her. If the record is complete and accurate, the examiner should place the indication, "Interview Record OK" on the paper recording the substance of the interview along with the date and the examiner's initials.

**AMENDMENT AFTER ALLOWANCE**

**CLAIM AMENDMENTS AS FILED JULY 12, 2010**

1 (Original Claim no. 110). (Previously presented) A method of calculating a billing code for a patient encounter that complies with the requirements of the United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS), including the steps of:

(a) providing an electronic computer or scannable form;

(b) prompting a user via said electronic computer or scannable form to collect information regarding said patient encounter, said information including at least certain information relevant to calculating said billing code;

(c) collecting and recording said information regarding said patient encounter using said electronic computer or said scannable form into a data base or data table; and

(d) using said electronic computer or said scannable form to electronically derive an appropriate HCFA/CMS billing code from said collected information.

2 (Original Claim no. 111). (Previously presented) The method of Claim 1, in which said electronic computer or scannable form is provided in the form of a handheld computer with a touch screen interface, and said recording step includes entering the information in real time into said electronic computer via said touch screen interface.

3 (Original Claim no. 132). (Previously presented) The method of Claim 1 or Claim 2, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

4 (Original Claim no. 136). (Previously presented) The method of Claim 1, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

5 (Original Claim no. 139). (Previously presented) The method of Claim 1 further including storing patient counseling information and patient care information, and using said stored information for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

6 (Original Claim no. 156). (Previously presented) The method of Claim 1, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS) requirements.

7 (Original Claim no. 123). (Currently amended) Apparatus for compiling medical data and generating a billing code based on said medical data and being consistent with payer mandates, comprising:

electronic means for displaying items for evaluation of a patient during a patient encounter, said items being at least sufficient to support billing requirements imposed by said payer mandates;

data forms for collecting and storing patient responses and/or user findings regarding history, examination, assessment, counseling, and/or decision occurring as a result of said patient encounter;

means for storing and accessing said patient responses and/or said user findings; an algorithm for linking and comparing said patient responses and/or said user findings with values for billing, procedure, treatment, counseling and/or documentation requirements; and

calculating means for deriving a resultant code based in part on said algorithm.

8 (Original Claim no. 124). (Previously presented) The apparatus of Claim 7, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

9 (Original Claim no. 126). (Currently amended) The apparatus of Claim ~~11~~, wherein said billing codes ~~is a~~ are Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services(CMS)) (collectively HCFA/CMS) codes.

10 (Original Claim no. 128). (Currently amended) The apparatus of Claim ~~8~~ or Claim ~~9~~, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

11 (Original Claim no. 125). (Currently amended) The apparatus of Claim 7, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and ~~an~~ algorithm for computing the percent of total time used for counseling.

12 (Original Claim no. 127). (Previously presented) The apparatus of Claim 7, wherein said billing codes are insurance requirement codes.

13 (Original Claim no. 134). (Previously presented) The apparatus of Claim 7, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.

14 (Original Claim no. 135). (Previously presented) The apparatus of Claim 7, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.

15 (Original Claim no. 138). (Previously presented) The apparatus of Claim 7 or 8, wherein said data includes patient counseling information and patient care information.

16 (Original Claim no. 154). (Previously presented) The apparatus of Claim 7 further including using said stored patient responses and/or user findings for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

17 (Original Claim no. 157). (Previously presented) An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting responses from the patient during a patient encounter, said series of inquiries and said responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

the electronic means further including:

a recording means for recording said responses or other related information corresponding to the series of inquiries; and

a calculating means using information including said recorded responses to derive the Evaluation and Management billing code, said billing code complying with the billing requirements imposed by said payer mandates.

18 (Original Claim no. 137). (Previously presented) The system of Claim 17, wherein the billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

19 (Original Claim no. 145). (Currently amended) The system of Claim 17, where said billing code is based on billing requirements imposed by the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services (CMS))-~~codes~~.

20 (Original Claim no. 146). (Previously presented) The system of Claim 17, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the recording of information in real time.

21 (Original Claim no. 152). (Previously presented) The system of Claim 17, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer,

handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, hand writing recognition software or scannable form.

22 (Original Claim no. 159). (Currently amended) An apparatus for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

prompting means for reminding the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and/or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

inputting means for recording said patient encounter data;

data storage means for preserving said patient encounter data;

calculating means for using said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

data access means wherein items preserved by said data storage means and results of said calculating means can be viewed, analyzed, and/or revised.

23 (Original Claim no. 158). (Currently amended) A method for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

providing the apparatus of Claim 22; said method further including at least one of the following steps:

the apparatus prompting the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

the user inputting said patient encounter data;

electronically storing said patient encounter data;

calculating from said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

accessing said data and/or said results of said calculating step for viewing,

communicating, analyzing, and or revising same.

24 (Original Claim no. 163). (Currently amended) The method of Claim 23, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services ~~billing code~~ of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

25 (Original Claim no. 172). (Previously presented) The method of Claim 23, said step of electronically storing said patient encounter data including storing patient counseling information and patient care information.

26 (Original Claim no. 173). (Previously presented) The method of Claim 23 or Claim 25, further including using said stored patient encounter data for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

27 (Original Claim no. 160). (Previously presented) The apparatus of Claim 22, said data access means including means for preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

28 (Original Claim no. 161). (Previously presented) The apparatus of Claim 22, said data access means including means for facilitating use of said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, or correspondence.

29 (Original Claim no. 162). (Previously presented) The apparatus of Claim 22, wherein said calculating means comprises a timer for tracking total time of patient encounter and total counseling time during said patient encounter, and an algorithm for comparing said total time of said patient encounter and said total counseling time during said patient encounter, and determining whether said billing code should be based upon said comparison.

30 (Original Claim no. 164). (Previously presented) The apparatus of Claim 22, wherein said electronic means comprises a personal computer, desktop computer, laptop computer, network server, handheld computing device, portable computing device, or scannable form.

31 (Original Claim no. 165). (Previously presented) The apparatus of Claim 22, wherein said data storage means comprises a data base or data tables.

32 (Original Claim no. 166). (Previously presented) The apparatus of Claim 31, wherein said data base or data tables are modifiable as needed.

33 (Original Claim no. 167). (Previously presented) The apparatus of Claim 22, further comprising an adding means, wherein said user can add free text to said data elements, said free

text entered by said user by means comprising voice dictation, voice recognition software, handwriting, or direct keyed entry.

34 (Original Claim no. 168). (Previously presented) The apparatus of Claim 22, wherein said prompting means is customizable to accommodate needs of specific medical practices.

35 (Original Claim no. 169). (Previously presented) The apparatus of Claim 22, wherein said prompting means is modifiable to accommodate changes in said payer mandates and clinical practice.

36 (Original Claim no. 170). (Previously presented) The apparatus of Claim 22, wherein said prompting means is customizable to accommodate the needs of medical encounters, medical practices, or users.

37 (Original Claim no. 171). (Previously presented) The apparatus of Claim 22, wherein said data access means is customizable according to needs of said medical encounter or of said user.

174. (New) The method of Claim 1, wherein said collected information is used to prepare medical record documentation.

175. (New) The method of Claim 174, wherein said medical record documentation can be modified according to personal preferences for documentation.

176. (New) The method of Claim 1, wherein at least some of said collected information is provided by said patient and/or any person on behalf of said patient.

177. (New) The method of Claim 1, wherein at least some of said collected information is entered by health care workers and/or administrative workers.

179. (New) The method of Claim 176 or Claim 177, wherein said collected information is stored using said database and/or data table.

180. (New) The method of Claim 179, wherein at least some of said collected information is accessible to a user before said user reviews information regarding, sees, or examines said patient.

181. (New) The method of Claim 1, further comprising an adding means, wherein said user can add free text to said collected information, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting recognition software and/or direct keyed entry.

182. (New) The method of Claim 1, wherein said prompting is customizable to accommodate needs of specific medical practices, medical encounters, or users.

183. (New) The method of Claim 1, wherein said prompting is modifiable to accommodate changes in payer mandates and/or clinical practice.

184. (New) The method of Claim 1, wherein said electronic derivation of an appropriate billing code is customizable to accommodate the needs of medical practices, medical encounters, users, and/or specific billing requirements.

185. (New) The apparatus of Claim 7, wherein said resultant code is based on said algorithm.

186. (New) The apparatus of Claim 7, wherein said resultant code is based at least in part on said algorithm.

187. (New) The apparatus of Claim 185 or Claim 186, in which said resultant code is said generated billing code.

188. (New) The apparatus of Claim 8, wherein said resultant code is based on said algorithm.

189. (New) The apparatus of Claim 8, wherein said resultant code is based at least in part on said algorithm.

190. (New) The apparatus of Claim 188 or Claim 189, in which said resultant code is said generated billing code.
191. (New) The apparatus of Claim 7, wherein said patient responses and/or said user findings are used to prepare medical record documentation.
192. (New) The apparatus of Claim 191, wherein said patient responses and/or said user findings can be modified according to personal preferences for documentation.
193. (New) The apparatus of Claim 7, wherein said data forms comprise at least one of free text input, check box, drop down list, radio button, button, and/or selection list.
194. (New) The apparatus of Claim 7, further comprising an adding means, wherein said user can add free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting recognition software, and/or direct keyed entry.
195. (New) The apparatus of Claim 7, wherein said electronic means for displaying items is customizable to accommodate needs of specific medical practices, medical encounters, users, and/or specific billing requirements.
196. (New) The apparatus of Claim 7, wherein said algorithm is customizable to accommodate needs of specific medical practices, medical encounters, users, and/or specific billing requirements.
197. (New) The apparatus of Claim 7, wherein said calculating means is customizable to accommodate the needs of specific medical practices, medical encounters, users, and/or specific billing requirements.
198. (New) The system of Claim 17, wherein said recording means comprises a data base or data tables.

199. (New) The system of Claim 17, further including means for preparing medical record documentation using said underlying information.
200. (New) The system of Claim 17, said system further comprising means for preparing medical record documentation using said underlying information.
201. (New) The system of Claim 17, further including means for preparing medical record documentation using the description calculated by the soliciting means.
202. (New) The system of Claim 17, said system further comprising means for preparing medical record documentation using the description calculated by the soliciting means.
203. (New) The apparatus of Claim 22, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).
204. (New) The apparatus of Claim 22, wherein said data regarding said patient encounter is used to generate medical record documentation.
205. (New) The method of Claim 23, further including generating medical record documentation using said data regarding said patient encounter.
206. (New) The apparatus of Claim 204, wherein said medical record documentation can be modified according to the user.
207. (New) The method of Claim 205, further including modifying said medical record documentation according to the user.
208. (New) The apparatus of Claim 22 wherein at least some of said data regarding said patient encounter is provided by said patient and/or any person on behalf of said patient.

209. (New) The method of Claim 23, at least some of said data regarding said patient encounter being provided by said patient and/or any person on behalf of said patient.
210. (New) The apparatus of Claim 22 wherein at least some of said data regarding said patient encounter is entered by health care workers and/or administrative workers.
211. (New) The method of Claim 23, at least some of said data regarding said patient encounter being entered by health care workers and/or administrative workers.
212. (New) The apparatus of Claim 210, wherein said data regarding said patient encounter is stored using said data storage means.
213. (New) The method of Claim 211, further including using said data storage means to store said data regarding said patient encounter.
214. (New) The apparatus Claim 212, wherein said data regarding said patient encounter is accessible to said user before said user reviews information regarding, sees, or examines said patient.
215. (New) The method of Claim 213, said data regarding said patient encounter being accessible to said user before said user reviews information regarding, sees, or examines said patient.
216. (New) The apparatus of Claim 22, wherein said inputting means is customizable according to the preferences of specific medical practices, users, and/or specific billing requirements.
217. (New) The apparatus of Claim 22, wherein said calculating means is customizable to accommodate the needs of specific medical practices, users, and/or specific billing requirements.

218. (New) The apparatus of Claim 22, further comprising a populating means, wherein said user can enter data into one said individual data element and automatically populate more than one said individual data element regarding said patient encounter.

219. (New) The apparatus of Claim 218, wherein said populating means is customizable according to the preferences of specific medical practices, users, and/or specific billing requirements.

220. (New) The apparatus of Claim 22, wherein said patient encounter data includes patient counseling information and patient care information.

221. (New) The apparatus of Claim 22 or 83, further including means for facilitating use of said patient encounter data for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

222. (New) The method of Claim 23, said step of accessing said data including preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

223. (New) The method of Claim 23, said step of accessing said data including using said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, and/or correspondence.

224. (New) The method of Claim 23, said calculating step including using a timer to track total time of patient encounter and total counseling time during said patient encounter, and using an algorithm to compare said total time of said patient encounter and said total counseling time

during said patient encounter, and determining whether said billing code should be based upon said comparison.

225. The method of Claim 23, further including storing said patient encounter data in a data base or data table.

226. (New) The method of Claim 225, further including modifying said data base or data table as needed.

227. (New) The method of Claim 23, further including adding free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting, and/or direct keyed entry.

228. (New) The method of Claim 23, said step of prompting the user being customizable to accommodate needs of specific medical practices.

229. (New) The method of Claim 23, said step of prompting the user being modifiable to accommodate changes in said payer mandates and/or clinical practice.

230. (New) The method of Claim 23, said step of prompting the user being customizable to accommodate the needs of medical encounters, medical practices, and/or users.

231. (New) The method of Claim 23, said step of accessing said data being customizable according to needs of said medical encounter or of said user.

232. (New) The method of Claim 1, wherein said collected information includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

233. (New) The apparatus of Claim 7, wherein said examination comprises portions of the body within 7 body areas and/or 12 organ systems.

234. (New) The system of Claim 17, wherein said patient examination comprises portions of the body within 7 body areas and/or 12 organ systems.

235. (New) The apparatus of Claim 22, wherein said examination includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

236. (New) The method of Claim 23, wherein said examination includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

237. (New) The method of Claim 1, wherein said collected information includes a history, which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

238. (New) The apparatus of Claim 7, wherein said history includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

239. (New) The system of Claim 17, wherein said patient history includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

240. (New) The apparatus of Claim 22, wherein said inquiry includes a history, which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

241. (New) The method of Claim 23, wherein said inquiry includes a history, which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

242. (New) The method of Claim 1, wherein said collected information includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

243. (New) The apparatus of Claim 7, wherein said history is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

244. (New) The system of Claim 17, wherein said patient history is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

245. (New) The apparatus of Claim 22, wherein said inquiry includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

246. (New) The method of Claim 23, wherein said inquiry includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

247. (New) The method of Claim 1, wherein said collected information includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

248. (New) The apparatus of Claim 7, wherein said history is considered extended when it includes information relevant to four or more of the following elements of the present illness:

location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

249. (New) The system of Claim 17, wherein said patient history is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

250. (New) The apparatus of Claim 22, wherein said inquiry includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

251. (New) The method of Claim 23, wherein said inquiry includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

252. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

253. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal,

Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

254. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

255. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

256. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

257. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

258. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

259. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

260. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

261. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat,

Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and wherein said system is the system related to the problem.

262. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

263. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

264. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

265. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

266. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

267. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

268. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

269. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

270. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

271. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

272. (New) The method of Claim 1, wherein said collected information includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

273. (New) The apparatus of Claim 7, wherein said history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

274. (New) The system of Claim 17, wherein said patient history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

275. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

276. (New) The method of Claim 23, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

277. (New) The method of Claim 1, wherein said collected information includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient,

comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

278. (New) The apparatus of Claim 7, wherein said history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

279. (New) The system of Claim 17, wherein said patient history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

280. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

281. (New) The method of Claim 23, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

282. (New) The apparatus of Claim 7, wherein said assessment and/or said decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

283. (New) The system of Claim 17, wherein said assessment and/or said decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

284. (New) The apparatus of Claim 22, wherein said medical decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995

Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

285. (New) The method of Claim 23, wherein said medical decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

286. (New) The method of Claim 1, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

287. (New) The apparatus of Claim 7, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

288. (New) The system of Claim 17, wherein said Evaluation and Management billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

289. (New) The apparatus of Claim 22, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the

Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

290. (New) The method of Claim 23, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

*z:\WinWord\TAMAR\P2630\CertificateofCorrection\Amend\AfterAllowance\_Claims.doc*



Please put a plus sign (+) inside this box. →

#3  
Approved for use through 03/30/09. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
a valid OMB control number.

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

### Attorney Docket Number

First Named Inventor

Ronald Peter Lesser

### COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### A software Device to Facilitate Creation of Medical Records, Medical Letters, and Medical Information for Billing Purposes

the specification of which

(Title of the Invention)

is attached hereto

or

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefit under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60097290	Mailroom date 8/20/98	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioners for Patents, Washington, DC 20231.

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## DECLARATION — Utility or D sign Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application, I declare my invention was made prior to the date indicated by the first paragraph of 35 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability, as defined in 35 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of the application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Customer Number Bar Code Label here <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below

Name	Ronald Peter Lesser		
Address	709 Stevenson Lane		
Address			
City	Baltimore	State	MD
Country	USA	Telephone	(410) 377-0919
		Fax	(410) 377-6299

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))			Family Name or Surname		
Ronald Peter			Lesser		
Inventor's Signature	<i>Ronald Peter Lesser</i>				
Residence: City	Baltimore	State	MD	Country	USA
Post Office Address	709 Stevenson Lane				
Post Office Address					
City	Baltimore	State	MD	ZIP	21286-7905
Country	USA				
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Check for new regulations and changes under 37 C.F.R. § 1.52(b).

Attorney Docket No.	
First Inventor or Application Identifier	Ronald Peter Lesser
Title	A SOFTWARE DEVICE TO FACILITATE CREATION OF...
Express Mail Label No.	

#### APPLICATION ELEMENTS

See MORT shadow 607 annotations and the current shadowing comments.

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)
2. <input checked="" type="checkbox"/>	Specification <input type="checkbox"/> Text Pages Detailed arrangement not for both below
	38
	- Descriptive title of the Invention
	- Cross References to Related Applications
	- Statement Regarding Fed sponsored R & D
	- Reference to Microfiche Appendix
	- Background of the Invention
	- Brief Summary of the Invention
	- Brief Description of the Drawings (if filed)
	- Detailed Description
	- Claim(s)
	- Abstract of the Disclosure
3. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) <input type="checkbox"/> Total Sheets 18
4. Oath or Declaration <input type="checkbox"/> Text Pages a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR, § 1.13) (to be cross-referenced with box 16 completed)	2
	<input type="checkbox"/> DELETION OF INVENTOR(S)

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application

- Microliche Computer Program (Appendix)*
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, if necessary)*
  - Computer Readable Copy*
  - Paper Copy (identical to computer copy)*
  - Seal/Stamp verifying identity of above nucleic acids*

#### ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))  
37 C.F.R. §3.7(b) Statement  Powers of  
(where there is an assignee)  Attorney  
 English Translation Document (if applicable)  
 Information Disclosure  
Statement IDS-PTO-1440  Copies of IDS  
Citations  
 Preliminary Amendment  
 Return Receipt Postcard (MPEP §601)  
(Should be specifically itemized)  
• Small Entity  
 Statement(s)  Statement filed in prior application,  
PTO-8995-26  Status still proper and desired  
Certified Copy of Priority Document(s)  
 If foreign priority is claimed  
 Other: \_\_\_\_\_

**TABLE FOR ITEM 7A (IN ORDER OF BEING ENTITLED TO PAY SMALL BONDS)**  
A SMALL ENTITY STATEMENT IS REQUIRED (17 C.F.R. § 1.27). EXCEPT AS PROVIDED IN A PRIOR APPLICATION OR REQUEST FOR EXEMPTION, § 1.27 IS APPLICABLE.

18. If a continuing application, when was the prior application filed and in a what date was it filed?

**FOR CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be made upon written notice when it has been inadvertently omitted from the subsequent application or cause.

#### THE CORRESPONDENCE ADDRESS

Customer Number or User Code (optional)  Correspondence address always suggests Customer No. in Apache bar code label field

Name	Ronald Peter Lesser
Address	709 Stevenson Lane
City	Baltimore
Country	USA
State	Maryland
Zip Code	21286-7905
Telephone	(410) 377-0919
Fax	(410) 377-6200

Name, Christian	Ronald Peter Lesser	Registration No. (see comments)
Signature	<i>Ronald Peter Lesser</i>	
	Date	9/22/98

**Health Information Statement:** This form is submitted to take 0.2 hours to complete. Time may vary depending upon the needs of the statement case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20540. DO NOT SEND FEES FOR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Allegation Committee for Patients**.

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# FEET TRANSMITTAL

Fees are subject to annual review on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a sworn statement, otherwise large entity fees must be paid. See Forms PTG-5B/5B-12  
See 37 C.F.R. §§ 1.37 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 436

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Ronald Peter Lesser
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number  Designated Account Name   
 Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.37 and 1.28  Charge the issue Fee Set in 37 C.F.R. § 1.18 as the Result of the Notice of Allowance

Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Fee Code (§)	Fee Code (§)	Fee Code (§)	Fee Paid
105	130	205	85
127	50	227	25
139	120	120	
147	2,624	147	2,528
112	920*	112	920*
113	1,040*	113	1,040*
115	110	215	55
116	400	216	200
117	660	217	476
118	1,618	218	755
128	2,060	220	1,930
119	310	219	105
120	310	220	155
121	270	221	135
130	1,910	120	1,910
140	110	240	98
141	1,200	241	880
142	1,320	242	880
143	400	243	220
144	670	244	330
120	130	122	130
125	30	120	30
126	240	126	240
581	40	581	40
145	750	245	800
149	750	249	385
Other fee (specify):			
Other fee (specify):			
Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	

SUBTOTAL (2) (\$ 41

SUBTOTAL (3) (\$)

## SUBMITTED BY

## Complete if Applicable

Type of Printed Name	Ronald Peter Lesser	Reg. Number
Signature	Ronald Peter Lesser	Deposit Account User ID

Service Fee Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or fee exempt status you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231, (202) 707-7600. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. FEE TO: Assistant Commissioner for Patents, Washington, DC 20231.

*FROM*

Ronald Lesser  
709 Stevenson Lane  
Baltimore, Maryland 21286-7905

JCS11 U.S. PTO  
09/15/98  
09/22/98  


*TO*

Assistant Commissioner for Patents  
Washington, D.C. 20231

Provisional application # 60097290  
Filing date of provisional application Mailroom date 8/20/98

Title:

A software Device to Facilitate Creation of Medical Records, Medical Letters,  
and Medical Information for Billing Purposes

Name of Inventor: Ronald Peter Lesser

Number of pages of specifications: 38

Number of claims and claims pages 13 claims; 2 1/2 pages

Number of figures and sheets 5 figures (each with subsections); 18 sheets

Also included:

Declaration for Utility or Design Patent Application  
(PTO/SB/01)  
2 pages

Utility Patent Application Transmittal (PTO/SB/05)  
Statement Claiming Small Entity Status ~

Independent Inventor (PTO/SB/09)  
Fee Transmittal (PTO/SB/17)

Check for \$436

Biographic Information using new Patent  
Application Data Entry Format

852260 > 85645760

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**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant, Patentee, or Identifier: Ronald Peter Lesser

Application or Patent No.: \_\_\_\_\_

Filed or issued: \_\_\_\_\_

Title: A Software Device To Facilitate Creation Of Medical Records, Medical Letters, And Medical Information For Billing Purposes

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

No such person, concern, or organization exists.

Each such person, concern, or organization is listed below

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Ronald Peter Lesser

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Ronald Peter Lesser

Signature of Inventor

Signature of Inventor

Signature of Inventor

9/22/98

Date

Date

Date

## Inventor Information

Inventor One Given Name :: Ronald  
Family Name :: Lesser  
Postal Address Line One :: 709 Stevenson Lane  
City :: Baltimore  
State/Province :: MD  
Country :: USA  
Postal or Zip Code :: 21286-7905  
Citizenship :: USA

## Correspondence Information

Name Line One :: Ronald Lesser  
Address Line One :: 709 Stevenson Lane  
City :: Baltimore  
State/Province :: MD  
Country :: USA  
Postal or Zip Code :: 21286-7905  
Telephone :: (410)377-0919  
Fax :: (410)377-6299  
E-Mail :: rlesser@home.com

## Application Information

Title Line One :: A Software Device To Facilitate Creation  
Title Line Two:: Of Medical Records, Medical Letters,  
Title Line Three :: And Medical Information For Billing Purposes  
Total Drawing Sheets :: 18  
Formal Drawings :: Y  
Application Type :: utility

Please type a plus sign (+) inside this box. →

PTO/SB/01 512-971

Approved for use through 06-00. GPO 9651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	Ronald Peter Lesser
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of only one invention listed below or an original first joint inventor if plural names are listed below and the subject matter which is claimed and for which a patent is sought is mine or the invention made.

**A software Device to Facilitate Creation of Medical Records, Medical Letters, and Medical Information for Billing Purposes**

the specification of which

*copy of the invention*

is attached hereto;

OR

was filed on **(MM/DD/YYYY)**

as United States Application Number or PCT International

Application Number

and was amended on **(MM/DD/YYYY)**  (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e) (9) or 365(a) of any foreign application(s) for patent or patent's Certificate, or 365(a) of any PCT international application which designates at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.
60097290	Mailroom date 8/20/98	

[Page 1 of 2]

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PTO/SB/05 (12-97)  
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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(d) of any PCT international application designating the United States of America, listed below, and, to the extent of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 35 U.S.C. 135 which became available after the filing date of the prior application and the names of PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application(s) (number(s)) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number   →   Place Customer Number Bar Code Label here  
 DRA  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  
Direct all correspondence to:  Customer Number   OR  Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that such false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any):		Family Name or Surname					
Ronald Peter		Lesser					
Inventor's Signature					Date	9/22/98	
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<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							